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AUTHOR Collins, Gloria
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ABSTRACT

A child care agency located in the southeastern United States serving homeless youth up to the age of 21 years provided pregnant and parenting teenagers with shelter and support services and provided individual and group counseling sessions focusing on health and nutrition, parenting and child care, sexuality and pregnancy, family support services and adoption, homemaking and life skills, education and job training. A decrease in attendance and inconsistency in enrollment in the Expanded Food and Nutrition Education Program component of the Teen Parent Aftercare Program was noticed and explored. An incentive plan was developed which included gifts for the teenagers and their families, and supplies for their infants. An escort system developed by staff and volunteers provided transportation on a regular weekly basis. Counseling in nutrition education was extended to include other speakers throughout the county. Outreach to teen parents and their families by counselors and staff was done on a regular basis. Food preparation and demonstration formed a part of aftercare sessions. Reports indicated an increase in teenage parents' attendance, and improvement in their nutrition awareness needs for themselves and for their infants. Ongoing plans will continue to focus on the program's teenage parents' nutrition and health needs. (Appendices include sample attendance records and questionnaires.) (Author/NB)

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ED313592

Group Motivation in a Nutrition Project for Pregnant and Parenting Teens and their Spouses by Use of an Incentive Plan

by

Gloria Collins

Cohort XXX

A Practicum Report Presented to the National Master's Program for Child Care Administrators in Partial Fulfillment of the Requirements for the Degree of Master of Science.

Nova University
1989

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Mrs. Gloria Collins has developed and implemented the research outlined in the proposal at Covenant House Florida. She has conducted the research on site during the Adolescent Family Life programming that she supervises. I attest to the fact that the project activitiy described in the final practicum report was completed in the manner described. Please contact me at (305) 561-5559 Ext. 305 if you need additional information.

Practicum Title Group Motivation in a Nutrition Project for Pregnant and Parenting Teens and Their Spouses by Use of an Incentive Plan

Student's Name Mrs. Gloria Collins

Cohort Ft. Lauderdale Date 6/1/89

Verifier's Name LaWanda Ravoira LaWanda Ravoira
(please print ----------and sign)

Verifier's position Assistant Director of Residential Services
Covenant House Florida

Address: 733 Breakers Avenue, Ft. Lauderdale, Florida 33309

City State Zip

AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

6/1/89
Date

Gloria P. Collins
Signature of Student

ABSTRACT

Counseling sessions to improve the awareness of the Importance of Health and Nutrition for Teen Parents and their Infants. Collins, Gloria P., 1989: Practicum Report, Nova University, Master's Program for Child Care Administrators. Descriptors: Pregnancy/DE Pregnant Students/ Unwed mothers/Nutrition/Food DE/Nutrition Instruction/Health/DE Motivation/DE (Forces that Initiate direct and Sustain in ...) Incentives/DE Rewards/DE Reinforcement/DE Early Parenthood (Parenthood assumed before age 20) Adolescents/DE (Approximately 13-17 years of age) Parents/Early Parenthood or Adolescents/DE Parent Child Relationship.

For purposes of this report, the decrease in attendance and inconsistency in enrollment in the Expanded Food and Nutrition Education Program (EFNEP) component of the Teen Parent Aftercare Program at this writer's agency was explored.

The author developed an incentive plan which included gifts for teens and their families, and supplies for thier infants. An escort system developed by staff and volunteers provided transportation on a regular weekly basis. Counseling in nutrition education was extended to include other speakers throughout the county. Outreach to teen parents and their families by counselors and EFNEP staff was done on a regular basis. Food preparation and demonstration formed part of aftercare sessions.

Reports indicated an increase in teen parents' attendance, and improvement in their nutrition awareness needs for themselves and their infants. Ongoing plans will continue to focus on the program's teen parents nutrition/health needs. Appendices include sample attendance records and questionnaires.

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Chapter I

INTRODUCTION

Community-Based Setting

The organization is an international, nonprofit child care agency, which serves homeless youth up to the age of twenty-one years. It is located on the beach in the southeastern United States. It was opened approximately three years ago, and serves as short term crisis intervention. Pregnant and parenting adolescents were among the first runaway and homeless youth seeking food and shelter. Since that time, over three hundred homeless, pregnant and parenting teens have been served with shelter and other support services. Monies from the Office of Adolescent Pregnancy Programs funded an Adolescent Family Life Project (AFLP) for these pregnant and parenting teenagers. During October 1, 1983 through May 31, 1986 there were fifty-eight pregnant and parenting adolescents in the program. Currently, total enrollment is one hundred, thirty-eight teens, although they are not all actively involved.

Briefly, the program input involves two phases.

Residential Phase

Early in the teenager's stay, a plan is developed through individual counseling with the teen, contact with family and external agencies, in order to identify housing and other support systems in the community, to support themselves and their children.

They are provided with individual and group counseling sessions, whereby, Health and Nutrition, Parenting and Child Care, Sexuality and Pregnancy, Family Support Services and Adoption, Homemaking and Life Skills, Education and Job Training Issues, Health Services and assistance in obtaining entitlement benefits, form major areas of discussion.

The average stay in residence of AFLP teens and their infants is two to three weeks. Counseling is individualized according to each teen's needs. Each participant is considered in relation to her family, and all family members including the fathers are encouraged to participate in the program.

Community Phase

After the teens leave residence, the AFLP case managers continue to maintain contact with them. Home visits are made at least once per month. They are provided with individual counseling to help them adjust and cope with community living, the achieving of self-sufficiency and the development of responsible sexuality coping skills.

Contacts are made both at the agency and during home visits. The girls and their spouses are also invited to participate in ongoing group sessions, which pursue in further depth and form continuity of the topics discussed during the residential phase. Ongoing services are the same as the residential phase.

Maintaining participation in the project during the community phase sometimes appears to be very difficult. Identifying the motivating factors for returning to the agency

for group sessions is of extreme importance. Failure to return to the Health and Nutrition after care groups has become a major problem over the past year. This group is held onsite once monthly by nutrition agents from the Expanded Food and Nutrition Education Program (EFNEP).

Socioeconomic-Environmental Characteristics of the Community

A significant number of youth who come to the agency is seeking independent living. Their average age is eighteen years and they often lack both educational and vocational training. They come to the agency after spending an extended period of time living away from home, and after becoming pregnant. Their plight is increased due to the scare of parenthood and the lack of a stable support system.

Youth who migrate when hotel efficiencies are affordable are able to room with a number of other youth, and therefore, are able to survive for a short period of time. In November when the hotel rates increase, they are forced back into the streets.

Employment is limited to the fast food restaurants, which do not offer full time employment or benefits. Youth often have to do daily labor in order to survive. Hours of work gradually deteriorate when the tourist rates are down.

Because most youth who migrate to the area are from dysfunctional home environments and were basically put out of their homes, they lack adequate support systems and economic stability. Therefore, there is a perpetual cycle of homelessness and poverty and a high rate of recidivism in the agency.

Added to this, there is early teen pregnancy and the burden of motherhood for the majority of the girls. Needless to mention, the fact that an eighteen year old homeless mother and her two children were the first to seek services at the agency when the doors first opened in 1985. Since that time over four hundred homeless pregnant and parenting teens have been provided shelter and other support services. Over ninety percent has dropped out of school and do not possess employment skills.

Due to inadequate parenting skills, lack of support and role modeling to teach them to become effective parents, most teen parents are forced to place their infants in the already over-crowded state foster care system.

One of the basic problems that this teen parent population has been faced with, is lack of adequate nutrition and related knowledge for themselves and their significant others. Of major importance, is linkage with social services in the county which provide after care groups on nutrition counseling for teens.

The Adult (EFNEP) Multi-Agency Cooperation has targeted the teenage mother and pregnant teen in the County. This is due to the problem of poor nutrition which has a severe impact on the born/unborn infant. Nutrition agents started a nutrition counseling program in the agency in September 1985, the date when the teen program began.

Teens in the nutrition program were basically homeless and formerly relied on their own mothers for support while some set up their own households. They lack nutrition information and

food budgeting for themselves and their extended families. The classes were aimed specifically for teens in the program, and the AFLP described in this writer's agency.

Writer's Role

Since the beginning of the program, this writer has been coordinating all AFLP groups on an ongoing basis. She therefore has the opportunity to be a close observer of all program activities.

The writer's role as after care counselor is the only position of its kind in the agency. Primary duties include case worker, community outreach worker and coordinator of AFLP services, including all groups, both in residential and on an after care basis. In performance of her role, writer assists homeless pregnant and parenting teens and their significant others to provide the basic medical needs, life skills, community resources and emotional support.

Guest speakers are invited from other agencies throughout the county, to conduct group sessions. It is the writer's responsibility to ensure speaker's presence at all times, or to facilitate the group in case the speaker cancels.

It is also required of the writer to ensure adequate attendance and participation of youth in these group sessions. Decline in enrollment and attendance in nutrition and other after care groups has been observed during a period of staff turnover both in the AFLP and in EFNEP.

Ability to observe and initiate change in the teen's

motivational level may be attributed to the writer's background training and understanding of problems related to pregnancy and health care including prenatal, postnatal and child care. Background knowledge also includes over twenty years of human services and knowledge of teen's emotional problems. Another contributing factor to problem-solving includes work experience with individuals of different cultural background and low socioeconomic status. Also, failure of adolescents to eat adequately for themselves and their infants has always been an area of the writer's major concern over a long period of time. Her past role as educator at prenatal and child welfare clinics has also been a contributing factor to the concern and well being of adolescents and their children.

Chapter II

STUDY OF THE PROBLEM

Problem Definition

There was a decrease and inconsistency in attendance by pregnant and parenting teens in after care health and nutrition groups held in the agency. Documentation showed marked decrease, particularly since the beginning of January 1988. During the period of January to December 1986, and the same period during 1987 figures were relatively high and fairly consistent. Table 1 below reflects attendance during that time span on a monthly recorded basis. Figures for 1988 are also added in order to confirm the problem of decline during that period.

Table 1

1986 - 1987 Group Attendance

Month	1986	1987	1988
January	10	9	6
February	9	8	4
March	10	9	5
April	7	5	4
May	9	10	1
June	10	10	6
July	12	9	4
August	12	12	7
September	9	14	12
October	13	12	12
November	14	13	7
December	12	15	8
Total	138	126	81

Evidence of the Problem

Decline and inconsistency in enrollment started at the beginning of January 1988. During January to July, only 30 youth attended nutrition groups with an average of four youth per group. The greatest dramatic decrease was in May of that same period.

A report by the EFNEP agents cited the fact that the problem of poor nutrition, due to intake, stage of growth and pregnancy made the teenage mother an ideal candidate for EFNEP. They also saw the need to address responsibilities of infant nutrition due to the onset of motherhood. However, they became concerned that enrollments in the agency was inconsistent and attendance to nutrition groups were declining. AFLP staff also became greatly concerned and this writer discussed the problem with case workers and director of the project.

Analysis of Causes

Socioeconomic Factors

Due to indigence, teen parents found themselves jobs and were unable to attend groups which are held during normal working hours. Only in rare cases would an employer give time off duty in order to allow a youth to return to groups at the agency.

Homelessness has always been a contributing factor to problems in teen parents' lives. Because of the transient nature of their lifestyles and instability, they often change their place of residence. They will obtain an apartment, but will later have problems such as failing to observe housing

requirements, resulting in being evicted from their apartments.

The majority of teen parents are school dropouts and a part of their ongoing plan is to return to school. This does not afford them the opportunity to attend counseling sessions at the agency, during school hours.

Inadequate Family Support System

Most teen parents are runaways from home and are out of contact with their parents. They try to live independently, while others receive no support whatsoever. In the majority of cases, there is dysfunction in the family.

Cultural Belief System

Families often mislead their pregnant teens with different cultural myths surrounding pregnancy. Weight gain and adequate nutrition depends on the family tradition. Youth often refer to what parents think they should eat.

Availability of Other Resources

There is availability of Aids to Families with Dependent Children (AFDC). Women, Infants and Children (WIC) and food stamps in this County. EFNEP reports 75 percent of teen parents receives WIC and 60 percent received food stamps in 1988. All pregnant and parenting teens and their infants are eligible for food stamps and if they receive food stamps, they often believe they need no other source of information regarding nutrition.

Poor Motivational Level

Participants enter the program with a limited degree of

self-esteem. Although, every effort is made to allow them to feel better about themselves, they continue to need extra continuing support. Refusal to attend an after care group is always a possibility. This has been observed by all case workers in the program. Workers discovered that due to lack of motivation and fear of separation, teen parents refused even to attend their graduation ceremony held periodically at the agency. Staff and volunteers often offer to escort teen parents to groups, but they may refuse stating they do not need a ride, then later never show up. At other times, they may accept a ride, but the volunteer is unable to locate them due to irresponsibility or some other crisis occurring in their lives.

Relationship of the Problem to the Literature

The American College of obstetrician and gynecologits (1978) published a journal which cited the need for adequate nutrition in adolescents who become pregnant. They focused on adequate nutrition during pregnancy and its importance for the health of the mother, particularly the young adolescent pregnant woman.

They stated that the young adolescent pregnant woman who is in her early years of beginning menstruation needs mostly to be concerned about nutrition due to the fact they need nutrients for themselves and their infants. In this author's program, basically 75 percent of the teens are pregnant and are in the early years of beginning menstruation. At the end of June 1988 of 117 teens enrolled in the AFLP program, 64 percent were pregnant. The oldest teen was 19 years old, yet there was a total

of 215 pregnancies.

A two-year period between pregnancies allows the body to regain nutrients lost in pregnancy according to the journal. The time span between AFLP teens' pregnancies vary. Workers find that 50 percent of teens are pregnant two or three times with age ranges of their children nine to 18 months apart. Therefore, their bodies face the possibility of not regaining lost nutrients before they begin another pregnancy.

The majority of teens enter the program after their 12th week of pregnancy. Barr (1980) cites the fact that prior to this, they are preoccupied trying to make a decision, mainly an option to the pregnancy. They, therefore, lack the medical care which in the first eight to twelve weeks is of special concern, as they are at the most vulnerable time for the induction of birth defects. She states that the mother who is using harmful substances may not realize she is pregnant until later. The infant would have already completed the basic organ and skeletal structure formation, but would still be prone to birth defects. Of teens in the program recent figures show that 49 percent had prenantal care in the second trimester, 20 percent in the third. There were birth complications for seven children: ten were premature while seven still have special birth defects.

An article by an EFNEP Home Economist Keefe (1987) cited recent studies consistently show that children who continue to be at risk from chronic nutritional deficiences are those living in low income households. Noteworthy, one of their target

populations is the clientele in this author's AFLP program. They are the adults responsible for purchasing and preparing food for such high risk children.

EFNEP also reports that by using their 24 hour food recall, in Black Hawk County, Iowa, between October 1985 and September 1986, only three percent of youth who entered their program had adequate diets, as compared to 26 percent who had left. Also, 47 percent who entered met the minimally adequate diet criteria as compared to 95 percent of those who had finished.

Another report published by EFNEP agents in September 1988 cited that in other areas of the country, although they made effort to deliver lessons, they found homemakers determined not to be interested after several unsuccessful attempts at teaching. They also discovered that door to door solicitation was difficult and time consuming; teens failed to participate and lacked motivation. The tendency was to avoid an outreach worker especially when they felt unprepared to have a stranger in their space.

Livingstone (1975) cited many studies by Dr. Zee of St. Jude Hospital in Memphis, whereby environmental factors, as well as nutritional deficiency have contributed to brain damage in pregnancy and infancy. The socioeconomic and environmental factors which influence teen parents' nutritional well-being, especially individuals in AFLP, are all revealed in Livingston's report.

It is also very remarkable that counselors report that teen

parents in the program are always snacking. Gelboard (1987) highly recommended frequent meals or snacks during the latter part of pregnancy. She also supported the issue of misinformation regarding nutrition by pregnant teens' families. Gelboard reported that family members often give wrong information and often are unwilling to provide adequate appropriate food.

Lee (1977) supported Gelboard's issue of teen parent, family members and the community's role for the nutritional health of teen parents and their infants. Lee was concerned about the physical and psychological risk that this population faces, and recommended taking preventive measures. If the writer of this article is able to motivate adolescents in the program to attend nutrition groups and improve their lifestyles, then she will be able to assist Lee in achieving this goal.

A remarkable feature of teenage mothers observed by Curtis (1974), was their tendency towards solitary or no activities and spending most of their time sleeping, and watching television. Similar observation by the writer of pregnant teens in this program has also been a contributing factor to their inability to attend counseling sessions in nutrition. However, according to Curtis, assessment of the teenager's nutritional needs should be made applicable before nutritional counseling. The fact that nutrition is an environmental factor affecting low income teens in this County, is the reason why the EFNEP component of AFLP has been explored.

Chapter III

GOALS AND OUTCOME OBJECTIVES

Goal

The goal of this practicum was to improve the awareness of the importance of health and nutrition for teen parents and their infants. The following objectives were projected for this practicum.

Objectives

1. Ten of the twelve participants in the nutrition project will increase their attendance in the health and nutrition groups by 75 percent as measured by weekly attendance records.

2. Ten of the twelve participants in the nutrition project will increase their awareness of the needs of their bodies and their infants during and after pregnancy, by 80 percent as measured by a writer devised pre and post questionnaire.

Evaluation Methods

The following evaluation instruments were used to measure increase/decrease in attendance and nutrition awareness: Sample tables of attendance (Appendix A) and post questionnaires (Appendix B) are attached.

Chapter IV

SOLUTION STRATEGIES

Information Collection

The writer monitored teen parents' attendance to health/nutrition groups on a monthly basis, and compared results with previous attendance. Counseling sessions were held weekly. Evaluation was done by observation and gathering data of participants' attendance.

The sample questionnaires were designed in order to check teens' knowledge and belief system regarding health and nutrition. Questionnaires were distributed to participants enrolled in the program during the first week in April and again in 8-10 weeks. A comparison of individual responses were evaluated at the end of the implementation period. Conclusion was based on both their responses and change in behavior.

Solution Strategy

Gelbard (1987) cited that there is misinformation regarding nutrition by pregnant teens' families. Family members apart from giving wrong information failed to provide adequate and appropriate food. The writer saw the need to educate teens and their families in order to prevent further problems: problems of "physical and psychological risk," that Lee (1977) cited. Focus was based on the goal of improving their awareness of the importance of health and nutrition.

Gelbard saw the need to educate pregnant teenagers in every area. In her study she used schools as the main focus of educating and helping to motivate those teens to develop good nutritional habits. Due to their deficiency in proteins and their need for adequate iron intake as they were 12 percent more likely to develop anemia resulting in iron deficiency, she over emphasized the use of education to them, their families and partners. Also, as mentioned earlier, the EFNEP component of the teen parent program focused on education as its primary goal in reaching out to adolescents in the county.

Contrary to Gelbard, Mitchel et al (1976) cited that it was difficult to persuade adolescents to change their eating habits as food habits are an important part of human behavior, and individuals are motivated to act according to their perception of what is relevant for their needs.

They stated that an understanding of the person, the family, and culture are all necessary in order to motivate the individual to change the behavior (food habits), and obtain knowledge or cognition.

This writer therefore saw the need to improve teen's motivation and awareness of health and nutrition by counseling and educating them and their families. The need to develop trust, unconditional love and caring in order to help the client make decisions, was also cited by Mitchell et al (1976). They saw the need for outreach in the adolescents own social environment, as highly essential.

Implementation Plan

March 29, 1989	An incentive plan was developed by the staff which included gifts for teens and their parents, items for infants (formula and diapers) and other supplies.
April 5, 1989	An escort system was developed by staff and volunteers in order to provide transportation for teen parents and their families to and from the counseling sessions. Pre Test questionnaires were distributed, responses collected and scored.
April 12, 1989	Counseling sessions were extended to include speakers from other community agencies. However, the writer was requested to do session due to the fact the speaker was unable to attend.
April 19, 1989	AFLP counselors extended their program and did outreach and counseling to teen parents and their families in their homes. AFLP counselors did nutrition counseling during daily home

visits, and gave hand-outs on nutrition to teen parents.

April 26, 1989 — AFLP counselors continued to extend nutrition education counseling to teens' families and significant others in order to help motivate teens to change their behavior regarding attendance and awareness of health and nutrition. Outreach continued to include additional home visits by AFLP and EFNEP staff.

May 3, 1989 — Weekly visits by EFNEP counselors continued to the end of May. Escort system and incentives were given during each visit. A group on "Introducing Solid Foods to Infants" was done by the writer.

May 10, 1989 — Cooking demonstrations and sampling of foods by all participants supervised by EFNEP staff, the writer, and other AFLP counselors were planned but postponed until the following week. Instead, the counseling session was done by the agency's Health Services Registered Nurse. That session included a demonstration of infant formulas and proper feeding procedures.

May 17, 1989	Education and counseling by nutritionists from an area hospital was replaced by a food demonstration and sampling of fruit salad by EFNEP. Discussions on the use of fruits in the diet followed the demonstration.
May 24, 1989	Sample post test questionnaires were distributed to all teens in program. Conclusions were drawn from comparisons between both sets of questionnaires.
May 31, 1989	The session involved an overall summary of counseling sessions and ended with a graduation ceremony of all participants in the program.

Follow-On

The writer planned to endeavor to encourage health and nutrition counseling throughout the agency and aftercare (AFLP) on an ongoing basis. Counseling groups will continue, hopefully on a weekly basis.

Community outreach was aimed to educate pregnant and parenting adolescents throughout the county by use of flyers, posters, workshops, visits, and contacts to other agencies that serve teen parents and their families. Continued support will be extended to the EFNEP staff as well as request for their continuing nutrition counseling to AFLP participants.

Chapter V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results

Attendance was recorded on a weekly basis for a period of ten weeks. The total number of all participants enrolled was 120. In comparison, that number far exceeds the attendance of 81 (as shown in Table 1, Page 7 of this report), which covered a one-year period, from January to December 1988. Noteworthy, sessions were also increased to four times monthly rather than twice monthly. Table II below and Appendix A reflects attendance during the ten-week period, on a weekly recorded basis.

Table II

Weekly Group Attendance March 29-May 31, 1989

Week No.	Date	Attendance
1	March 29	15
2	April 5	14
3	April 12	7
4	April 19	13
5	April 26	9
6	May 3	10
7	May 10	15
8	May 17	15
9	May 24	9
10	May 31	13
Total		120

Although attendance exceeded the 75 percent objective, there was still lack of consistency. Volunteers found it somewhat difficult to locate a specific teen parent on three consecutive visits, even though their motivation level was increased.

An average pretest questionnaire score of 62 percent was highlighted by a 94 percent post test score. The writer's objective of an 80 percent awareness of body needs of themselves and their infants was also over-achieved. Conclusion was drawn from 12 of the participant's lowest scores both on the pre/post test.

Table III

Results of Pre/Post Questionnaires April 5-May 24, 1989

Participant	Pre Test No	%	Post Test No	%
A	12	48	21	84
B	11	44	22	88
C	14	56	24	96
D	16	64	21	88
E	19	76	24	96
F	18	72	22	88
G	18	72	25	100
H	15	60	24	96
I	16	64	25	100
J	13	52	23	92
K	19	76	25	100
L	14	56	23	92
Total & Average	85	62%	279	94%

Counseling sessions were very effective as evidenced by their increase in learning awareness. Twelve participants received nutrition certificates at the graduation ceremony which concluded conseling sessions for the period. Two male partners were among the graduates.

Conclusion

Looking more closely at the results of the questionnaires, it was found that teens who scored the lowest are younger and inexperienced. Of the twelve, only one had reached a high school level of education, eleven had dropped out of school, and only two had currently returned to school. It was also interesting to note that all respondents scored low on the similar set of questions: for instance, "average weight gain during pregnancy," and "use of unused formula for infant's next feeding."

A notable element is the effect of incentives on attendance and learning. The giving of gifts for teen parents and their infants had remarkable impact on their behavior. Participants' level of motivation was also increased due to the planning of a graduation ceremony and issuing of certificates. Two participants were already graduates from a similar County EFNEP program.

It was also proven that in order to develop consistency in attendance, the escort/volunteer had to continue to try and locate the same group of teen parents on a regular weekly basis. Even though a participant may not be found at home on one

occasion, it was highly necessary to follow through and try to locate him/her on the next visit. There was also a need for consistency in the volunteer/escort system.

Recommendations

Writer will endeavor to continue to do follow-on as outlined inthe proposal of this document. In order to continue to improve attendance and increase nutrition awareness, the on-going plans will include:

1. Weekly nutrition counseling sessions by guest speakers throughout the area: (already scheduled for July and August).
2. Both incentive plan and volunteer/escort system will continue on a regular basis. Throughout the entire period the writer shared practicum experience with program director, professional colleagues and also with participants. Teen parents were informed that their awareness of their needs will help the writer to improve her learning. Another most notable element was the degree of caring shown as a result of sharing one's problems with other individuals.

Networking with other agencies in the county will also be on-going. Nutritionists from the county's school board and hospitals are among the scheduled speakers. Writer and colleague attended the 75th anniversary of EFNEP at the Food and Agricultural Research Branch of the Southern County in order to update their learning on agriculture, food and nutrition. Writer has volunteered to be part of a panel being formed by EFNEP in order to solve on-going health/nutrition problems faced by adolescents and their families.

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U.S. Expanded Food and Nutrition Education Program Policies-Objectives and Policy Guidelines

U.S. County Adult EFNEP Program Management

A P P E N D I X

Appendix A

Group Attendance April/May 1986-1989

MONTH	1986	1987	1988	1989
March				15
April	7	9	4	43
May	9	5	1	62
Total	16	14	5	120

Apendix B

Pre and Post Questionnaire
How Much Do You Know About Nutrition

Please answer each question by placing a circle around the answer of your choice. Pre Post

1. During pregnancy, adolescents' nutritional needs are 1. ___ ___

   a. increased
   b. decreased
   c. none of the above

2. Pregnant adolescents should gain approximately 2. ___ ___

   a. 10 to 20 lbs.
   b. 20 to 25 lbs.
   c. 25 to 35 lbs.

3. Milk is important in the diet due to 3. ___ ___

   a. the calcium it provides
   b. the vitamins it provides
   c. the sugar it contains

4. Iron deficiency anemia in infants results from 4. ___ ___

   a. low iron in the mother's diet
   b. too much iron in the mother's diet
   c. none of the above

5. Which of the following foods are rich in calcium? 5. ___ ___

   a. liver, chicken and tuna fish sandwich
   b. cereal and milk, macaroni and meatballs, and bread
   c. evaporated milk, dry mild and buttermilk

6. Smoking during pregnancy may result in 6. ___ ___

   a. high birth weight infants
   b. unhealthy deliveries
   c. unhealthy deliveries, low birth weight infants

7. How many servings from the Milk Group do you need each day? 7. ___ ___

   a. one (1) serving
   b. two (2) servings
   c. four (4) servings

8. A low birth weight infant is one born weighing 8. ___ ___

   a. 5 lbs. or less
   b. 3 lbs. or less
   c. over 5 lbs.

9. An unborn infant receives its nutrients 9. ___ ___

   a. from its father
   b. from the mother
   c. form both mother and father

10. Fruits and vegetables are 10. ___ ___

   a. low in fat and contain cholesterol
   b. high in fat and contain cholesterol
   c. low in fat and contain no cholesterol

Please answer True of False for each statement. You may use "T" or "F".

.....11. A teen who eats an adequate diet will have a healthy baby. 11. ___ ___

.....12. Inadequate diet is not harmful to the born or unborn baby. 12. ___ ___

.....13. Unused formula can be used for the next feeding. 13. ___ ___

.....14. A new-born infant can be fed with table food. 14. ___ ___

.....15. Calcium is the mineral taken during pregnancy to aid in growth of the fetus' bones. 15. ___ ___

.....16. Beef is a good source of calcium in the diet. 16. ___ ___

.....17. WIC means Women, Income and Children 17. ___ ___

.....18. Dried or powdered milk is not nutritious. 18. ___ ___

.....19. Eating a balanced diet will help you and your baby's health. 19. ___ ___

.....20. Adolescents should go on weight reduction diets during pregnancy. 20. ___ ___

.....21. Fresh fruits should be stored at room temperature until they ripen. 21. ___ ___

.....22. Milk has more iron than calcium. 22. ___ ___

.....23.	Iron is necessary for the formation of hemoglobin.	23. ___ ___
.....24.	Iron and protein are the main nutrients found in meat.	24. ___ ___
.....25.	An adolescent needs four servings of fruits and vegetables each day.	25. ___ ___